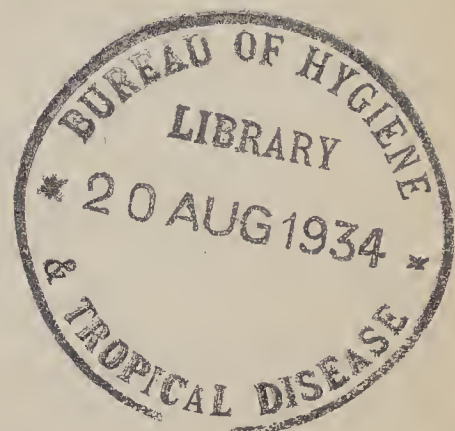


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COUNTY COUNCIL OF THE PARTS OF LINDSEY
LINCOLNSHIRE.

EDUCATION COMMITTEE.



ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER.

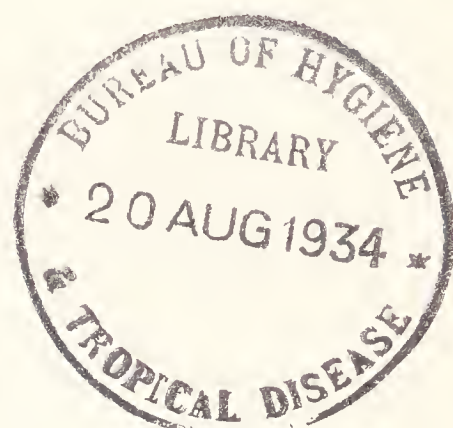
1933.

W. S. H. CAMPBELL, M.B., CH.B., D.P.H.

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LINDSEY COUNTY COUNCIL.

Education Committee.

APPOINTED UNTIL MARCH, 1934.

The Chairman and Vice-Chairman of the Council (ex-officio).

Ald. SIR H. B. BACON, BART.	Coun. C. COOPER
„ A. CROFT BAKER	„ G. C. DUNKLEY
„ L. H. GOUNDRY	„ W. A. EVISON
„ J. A. HIPKIN	„ H. HOYLES
„ R. JONES	„ W. HUNT
„ W. LACEY	„ J. T. KETTLE
„ (Chairman)	„ M. MORGAN
„ W. A. ROSS	„ J. H. NETTLESHIP
„ (Vice-Chairman)	„ A. PUGH
„ T. SMITHSON	„ A. E. SPENCER
	„ F. L. STEPHENSON
	„ R. A. THOMPSON
MRS. BRYANT, 4 Pelham Terrace, Grimsby	} Representing University Education.
Coun. MRS. M. WINTRINGHAM, Little Grimsby Hall, Louth.	
Rev. Canon W. MOORE, The Vicarage, Wragby.	} Representing Secondary Education.
Rev. W. BROWN, Westholme, St. Catherine's Road, Lincoln	
Mr. JOHN HARDY, South Kelsey, Lincoln	} Representing Technical, other than Agricultural Education.
Coun. H. C. COMAN, 83 Buckingham Street, Scunthorpe.	
Mr. R. E. HARDY, Kirton Lindsey.	} Representing Elementary Education.
Mrs. H. M. PEACOCKE, Glentworth.	

1. Staff of the School Medical Service, 1933.

School Medical Officer :

WILFRID S. H. CAMPBELL, M.B., Ch.B., D.P.H.

Deputy School Medical Officer :—

ANNIE T. BRUNYATE, M.D., B.S., D.P.H.

Assistant School Medical Officers :—

JOHN EDWARD GAINS, M.R.C.S., L.R.C.P.
 W. T. HENDERSON, M.B., B.Ch., B.A.O., D.P.H.
 JAMES HAY CLARKE, M.A., M.D., D.T.M. & H., D.P.H.
 WILLIAM B. STOTT, L.R.C.P. & S., D.P.H.
 JOHN C. MACARTNEY, M.D., D.P.H.
 WILLIAM J. KERRIGAN, M.B., Ch.B., B.A.O., L.M., D.P.H.
 GERTRUDE D. MACLAREN, M.B., Ch.B., D.P.H.
 VIOLET B. TULLOCH, M.B., Ch.B., D.P.H.
 ELIZABETH F. M. CLARK, M.B., Ch.B., D.P.H.

Orthopædic Surgeon :

EDWARD JOCELYN BILCLIFFE, F.R.C.S.E. (Part time).

Medical Officer in charge of Rheumatism and Heart Clinic :

J. BROWN.

Dental Surgeons :

HENRY KINNAR OVEY, L.D.S.
 ANNEBEL K. S. WADDELL, L.D.S.
 KATHLEEN F. GARSIDE, L.D.S.
 GEORGE H. TAPPER, L.D.S.

** Nursing Staff :*

Superintendent—Miss C. M. REYNOLDS.

Miss E. JENKINSON	Miss H. FISHER	Mrs. C. SMITH
Miss V. WALKER	Miss L. ROSE	Miss A. YOUNG
Miss C. CLARK	Miss E. N. SMITH	Miss N. HINCH
Miss M. WALLER	Mrs. A. DOHERTY	Mrs. F. BULL
Miss F. HERBERT	Mrs. S. TURNER	Miss K. COHEN
Miss A. GREEN	Miss M. POUND	Miss M. TAYLOR
Miss T. GUINAN	Miss L. TOWNSHEND	Miss A. E. BICKERDIKE
Miss L. LANGTON	Miss G. FAIRHEAD	Miss K. HARRISON
Miss V. ROGERS	Miss E. BUCKLEY	Miss F. HUDSON
Miss E. CLARKE	Miss M. RICHARDSON	Miss L. MALEY
Mrs. J. SHEPHERD.		

Orthopædic Nurses—Miss B. I. BAUSOR, Miss J. JONES.

Infectious Diseases Nurses—Miss J. MCNEIL, Miss W. LAWRENCE, Miss E. JONES (Part Time).

Dental Attendants—Miss B. HUSSEY, Mrs. J. BRIGGS, Miss R. WHITE, Miss B. M. GIBBINS.

Chief Clerk—HORACE LEE.

* The School Nursing Service has hitherto been staffed partly by whole time health visitors, and partly by district nurses, under an arrangement with the County Nursing Association. This arrangement came to an end on 1st April, 1933, as a result of the decision of the County Council to employ only whole time health visitors in connection with all school nursing and health visiting services.

2. General Statistics.

The Administrative County of Lindsey has, according to the census for 1931, an area of 961,200 acres, with a population of 263,948.

The Elementary Schools in the area number 299, of which 123 are Council Schools, and 176 are voluntary. The number of children whose names were on the school registers was 39,454, an increase of 283 on the corresponding figure for last year. The average attendance was 35,069 as compared with 35,051 in 1932.

There are now 16 Schools for secondary education in the County, the increase of one over last year's figure being due to the addition of the Skegness Grammar School. The pupils on the secondary school registers numbered 2,716, as against 2,440 in the preceding year.

3. Co-Ordination.

There has been no material change in the arrangements for furthering the co-ordination of the school medical with the other health services provided by the County Council. These arrangements have worked smoothly throughout the year, and are fully described in previous reports. Since the Council took over the functions of the old Boards of Guardians in 1930, it has been the policy of the Education and Public Assistance Committees, in the discharge of their respective duties relating to the health and well-being of children of school age, to avoid anything in the nature of over-lapping. It is, therefore, satisfactory to record that there is now the closest co-operation between these two committees and their staffs, with the result that all school children under the Public Assistance Committee requiring advice or treatment in connection with disease or defect of the eyes, ears, nose and throat, teeth, and also in connection with crippling defects, are referred to and dealt with through the school medical service.

The School Medical Service in relation to Public Elementary Schools.

4. Hygienic Condition of Schools.

A considerable amount of work is undertaken each year to improve the sanitary condition of school buildings. The medical inspectors make a report on the condition of each school visited. Where unsatisfactory conditions are noted the reports are forwarded, with the medical officer's suggestions, to the Director of Education in the case of council schools, and to the managers in the case of voluntary schools. Defects are also reported by His Majesty's Inspector of Schools, the Education Committee's own Inspector, the County Architect and by the Head Teachers.

The following is a summary of the defects dealt with during the year :—

Defects in connection with	Reported by Medical Inspectors	Reported by Medical Inspectors & remedied during the year	Reported otherwise than through the School Medical Service & remedied during the year
Lighting	4	1	—
Ventilation	4	3	—
Overcrowding	1	1	—
Cloak Room Accommodation	4	—	—
Water Supply	5	—	—
Washing Arrangements	4	1	1
Playgrounds	13	4	83
Sanitary Conveniences..	20	6	2
Cleaning	9	3	—
General repairs	11	6	121
Decoration	2	2	12
Refuse disposal ..	1	—	1
Heating	11	2	1
Drainage	4	—	—
Totals	93	29	221

There were 197 desks, 215 dual tables and 436 chairs provided during the year to replace desks and seats of an old pattern.

The Committee's programme for the erection of new schools and for re-conditioning and improving some of the older schools has been continued as far as financial conditions have allowed.

A new school, the Cleethorpes Thrunscoe Senior Council, was completed during the year, and is now in occupation. Alterations and improvements have been carried out at the following schools :—Belchford Council, Cleethorpes Bursar Street Council, Elliston Street Council, Reynolds Street Council, Hogsthorpe Council, Kirkby-cum-Osgodby Council, Kirton Lindsey Council, Louth Eastfield Road Council, Market Rasen Council, Scawby Council, Waltham Peak's Lane Council, Wildmore Council, Utterby Council.

Improvements are in progress at the Donington-on-Bain and at Skegness Senior Council Schools. Work which is pending includes the erection of new schools at Immingham and Waltham Cross Roads, and also alterations and improvements to the following schools :—Alkborough Council, Ashby Boys' Council, Cleethorpes Bursar Street Council, Great Coates Council, Hibaldstow Council, Horncastle Methodist (on transfer as a Council School), Market Rasen Council, Morton Council, Scunthorpe Santon Terrace Council, Sturton-by-Stow Council, Swallow Council, Thorpe St. Peter Council, Winterton Council.

5. Medical Inspection.

For the purpose of medical inspection the County is divided into six areas with a medical officer in charge of each. Inspections are held twice yearly in urban, and once in rural, schools.

The age groups selected for inspection are those laid down by the Board of Education. They are :—

- (a) “Entrants,” *i.e.*, those children entering on school life and whose ages are usually between 5 and 6 years.
- (b) “Intermediates,” *i.e.*, those who have attained the age of 8 years.
- (c) “Leavers,” *i.e.*, those who have reached the age of twelve years.

In addition to the routine or code groups there is a number of children of other ages selected for examination by the school medical officer as “Specials,” or brought forward by the teachers, nurses, school attendance officers, or parents. Finally there is the re-inspection of those children previously found to require observation or treatment.

Out of a total of ~~20,928~~^{33,864} children examined during the year 12,636 were routine inspections, 2,696 were specials, and 18,232 re-examinations.

6. Findings at Medical Inspections.

Details of the defects found at medical inspection are given in Table II. at the end of the report. Of the 12,497 children examined in the specified age groups it will be seen that 1,545 or 12·36 per cent. of those examined were in need of treatment as compared with 13·53 per cent. for the preceding year. These percentages do not include cases of uncleanliness or those requiring dental treatment. There has been a gradual decline since 1928 in the number of children reported as requiring treatment as will be seen from the following figures :—

Year	Percentage found to require treatment	Year	Percentage found to require treatment
1928	19·70	1931	15·83
1929	18·70	1932	13·53
1930	15·69	1933	12·36

(a) Malnutrition.

The number of children found at the routine inspections to be under-nourished was 181, of which 62 were referred for treatment, and 119 for observation. Including both observation and treatment cases the percentage of children found to be under-nourished is therefore 1·4, as compared with 1·5 in 1932. The figures for these two years are lower

than any recorded in the previous five years. The highest percentage occurred in 1929, and was 3·19.

The incidence of under-nourishment is, as might be expected, higher in the urban than rural districts. In Scunthorpe, Gainsborough and Cleethorpes the three largest centres of population in the County, the average percentage for the five years 1928–1932 was 3·3, whereas that for the whole County was 2·3.

(b) Uncleanliness (Pediculosis).

The School Nurses are chiefly responsible for the inspection and supervision of children as far as the cleanliness of their bodies and clothing are concerned. For this purpose during the year nurses made an average of 3·85 visits to each school. The number of children inspected was 39,160, of which 2,187 or 5·59 per cent. were found to be verminous.

The total number of examinations made by Nurses, including re-examinations, was 73,281.

The following table shows the percentage of children found to be verminous in each year since 1922 :—

Year	Percentage of Children examined found to be verminous	Year	Percentage of Children examined found to be verminous
1922	10·25	1928	5·36
1923	7·99	1929	4·42
1924	6·73	1930	5·28
1925	4·91	1931	5·3
1926	5·49	1932	5·2
1927	4·36	1933	5·59

In no case of uncleanliness was it found to be necessary to institute legal proceedings either under the Education Act or School Attendance Bye-laws.

(c) Minor Ailments.

Only 3 cases of ringworm were found amongst the 12,497 children examined in the three age groups, but 29 cases were recorded amongst the specials. The incidence per cent. in routine and specials taken together was ·2.

The number of children suffering from scabies was 37, or 4 less than in 1932.

In the routine age groups 28 cases of impetigo were noted, while 387 cases were brought forward as specials, the latter figure being an increase of 98 on that for last year.

(d) Visual Defects.

The cases of defective vision and squint requiring treatment amounted to 688. There were another 300 cases requiring to be kept under observation.

(e) Nose and Throat Defects.

As compared with 1932, 62 fewer defects under this head were found. Of the children inspected in the routine age groups 2·2 per cent. required treatment for chronic tonsillitis or adenoids or both. An additional 8 per cent. suffering from these conditions were referred for observation.

(f) Ear Diseases and Hearing.

The number of cases under this head referred from routine and special examination for treatment was 412, which is slightly lower than the number for 1932.

(g) Crippling Defects.

During the year, as the result of medical inspection, 54 cases of crippling were referred for treatment, and 45 for observation.

(h) Heart Disease.

There is little variation in the number of children found each year to have organic heart disease. In 1931 it was 74, last year it was 76, and this year 75. A satisfactory feature is that only about one-third of those discovered are found to require treatment.

(i) Tuberculosis.

Twenty cases of definite pulmonary tuberculosis were found at medical inspections during the year as compared with 24 last year. An additional 75 children were classified as "suspects." The children found to have one or other of the non-pulmonary forms of tuberculosis numbered 39 as against 33 in 1932.

7. Following Up.

In the case of those children found at medical inspections to be in need of treatment the medical officers explain to parents present at the inspection what is required. Notices are as a routine sent to the parents of all children requiring treatment. The greater part of the work of following up is, however, carried out by the school nurses who, in the performance of this duty, receive valuable and willing assistance from the teachers.

For following up purposes the nurses made 11,805 home visits during the year.

8. Medical Treatment.

There has been no change in the general provision made by the Education Committee for the treatment of disease or defects found in school children. Treatment clinics have been established at 14 centres in the County, each being visited by one of the medical officers of the Committee. The Committee have had under consideration the establishment of a clinic at Skegness to meet the needs of a growing population in this area, but the proposal is at present held up owing to the difficulty of finding suitable premises.

It is not practicable in a County such as this with a scattered population to provide a clinic within reasonable reach of everybody, and consequently instances arise from time to time where parents find it difficult or impossible to attend. In necessitous cases, however, the Authority pays the travelling expenses of parents who have to travel a considerable distance to and from a clinic.

The following table shows where the clinics have been provided, and the days and hours on which the medical officers attend :—

Clinic	Address	When Held
Ashby ...	Methodist School, High St., Ashby	Tuesday fortnightly at 2-15 p.m.
Barton-on-Humber	50 Holydyke, Barton-on-Humber	Mondays, 10 a.m.
Brigg ..	The Cedars, Bigby Road, Brigg	Thursdays, 10 a.m.
Cleethorpes ..	St. Hugh's Avenue, Cleethorpes	Wednesdays, 10 a.m.
Gainsborough ..	1 Popplewells Row, Bridge Street, Gainsborough	Tuesdays, 2 p.m. to 4 p.m.
Horncastle ..	Rolleston House, Horncastle	Thursdays, 10-30 a.m.
Immingham ..	Parish Mission, Pelham Road, Immingham	Mondays, fortnightly at 2-15 p.m.
Laceby ..	Methodist Sunday School, Laceby	Wednesdays, monthly at 2-15 p.m.
Lincoln ..	Beaumont House, Beaumont Fee, Lincoln	Fridays, 10-30 a.m.
Louth ..	32 Queen Street, Louth	Wednesdays, 2 p.m.
Market Rasen ..	18 King Street, Market Rasen	Tuesdays, 10-30 a.m.
Scunthorpe ..	Parkinson Avenue, Scunthorpe	Fridays, 10 a.m.
Spilsby ..	2 West End Villas, Spilsby	Mondays, 10 a.m. to 1-30 p.m.
Winteringham ..	Temperance Hall, Winteringham	Thursdays, monthly 2-15 p.m.

During 1933, 3,217 children attended the clinics for treatment or advice by the doctor. They made altogether 8,577 attendances. In addition to the attendances at the doctors' weekly clinics, 1,832 children made 14,719 attendances at the daily clinics held by the school nurses. Details of the treatment provided through the Committee's medical service will be found in Table IV.

It is the duty of the Education Committee to require parents to contribute towards the cost of treatment provided. In this connection the sum collected in 1933 amounted to £477 11s. 1d

							£	s.	d.
Sale of drugs at clinics	..	..	..	..	..	..	74	7	10
Dental charges	..	..	..	..	..	..	158	17	6
Sale of toothbrushes	..	..	..	..	..	..	25	0	3
Tonsils and adenoids operations			..	..	..	..	46	19	10
Provision of spectacles	..	..	..	..	..	..	109	13	11
Open air school maintenance	..	..	..	..	..	..	11	7	2
Specialist treatment	..	..	..	..	..	..	50	4	1
Miscellaneous	..	..	..	..	..	..	0	10	6
							£477 11 1		

(a) Minor Ailments.

During the year 1,486 cases of minor ailment received treatment under the Authority's scheme, viz. :—Skin disease 646, minor eye defects 232, minor ear defects 246, other conditions 362. An additional 761 cases were recorded as having received treatment otherwise than through the school medical service.

(b) Tonsils and Adenoids.

In 1932, 170 operations for the removal of tonsils and adenoids were performed under the Committee's scheme, while an additional 171 operations were carried out by private practitioners or at Hospitals, apart from the Authority's scheme.

The number of cases dealt with by operation at the various centres where facilities are provided by the Education Committee was as follows :—

Barton-on-Humber Clinic	..	..	..	2
Gainsborough, John Coupland Hospital	..	..	43	
Grimsby & District Hospital	..	..	16	
Lincoln County Hospital	..	..	36	
Louth Hospital	..	..	26	
Scunthorpe War Memorial Hospital	..	..	2	
Skegness Cottage Hospital	..	..	26	
Spilsby Cottage Hospital	..	..	19	

(c) Defective Vision, Squint, and Diseases of the Eye.

The arrangements for the holding of eye clinics remain the same as for last year, as do those for obtaining the opinion of an ophthalmic specialist in case of need. Two hundred and fifty seven clinics have been held with 2,344 attendances. At these clinics 1,675 cases of error of refraction (including squint) were dealt with, 1,265 of them being

submitted to refraction under the Authority's scheme, 65 by private practitioners, or at voluntary hospitals, and 345 dealt with otherwise than by refraction. Spectacles were prescribed in 968 cases and obtained in 879 cases (*i.e.*, in 90·8%) under the scheme, while glasses were prescribed otherwise than under the scheme in 329 cases, and obtained in 318 (*i.e.*, in 96·7%). Included in the total of 1,197 pairs of spectacles obtained is a number which were ordered in the preceding year though only obtained in the present year.

The method of supervision of cases in which spectacles have been obtained remain unaltered from last year. A change was made in July in the method of supply of the glasses ordered by the Committee's oculists. The glasses instead of being obtained from different local opticians are now all obtained on contract from The Marsden Optical Company, Cleckheaton. The clinic doctor sends the trial frame which she finds to fit the child along with the prescription for the glasses to the manufacturers. The arrangement is working satisfactorily, and has resulted in saving money both to the parents and to the Committee. The arrangements for giving help in necessitous cases are the same as for last year.

Cases of minor eye ailments seen at the clinics are treated at the clinics in the small places, and in the larger towns are referred to the School Clinic. Cases of more serious defect are referred to their own doctors or to the ophthalmic specialist.

Nine cases have been referred to specialists during the year. These include two cases of dislocation of lens, one of which was successfully treated by operation, one case of congenital cataract, and one of very severe squint, both treated by operation, and three cases of keratitis.

(d) Rheumatism and Heart Disease.

It was decided during the year to open a Clinic at Cleethorpes to which school children found at medical inspection with disease or defect of the heart, or suffering from any form of rheumatism, could be referred for advice. Dr. J. Brown, of Cleethorpes, was appointed as Medical Officer in charge. The first clinic was held in October, and it was arranged to hold subsequent sessions on the second Friday in every month.

There has been close co-operation between Dr. Brown and Dr. Stott, the School Medical Inspector for the area, both of whom have taken a keen interest in the establishment and working of the clinic.

Dr. Brown has prepared the following report, which shows the work done since the clinic was started, and also I think, demonstrates the need for similar facilities in other parts of the County. He states :

“ A rheumatic and heart clinic was started in the Cleethorpes area in October, 1933. Clinics are held once a month, and the children are given appointments to attend. The table below gives a summary of the work done since the clinics inception.

Total number of cases examined	..	..	..	77
Males	..	..	..	39
Females	..	..	..	38
Rheumatism with heart affection	..	..	..	6
Mitral stenosis	..	..	..	4
Mitral stenosis and aortic reflux	..	..	..	2
Rheumatism without heart affection	..	..	..	11
Rheumatic carditis without arthritis	..	..	..	2
Chorea	..	..	..	2
Congenital Heart Disease	..	..	..	12
Interventricular septal defect	..	..	..	6
Subaortic stenosis	..	..	..	2
Patent ductus arteriosus	..	..	..	3
Pulmonary stenosis	..	..	..	1
Functional heart disorder	..	..	..	20
No rheumatism or heart disorder	..	..	..	24
Radiological investigations	..	..	..	8
Electrocardiograms	..	..	..	6
Cases taken into Hospital	..	..	..	3

A glance at the table will show that the greatest number of cases fall into the classification of either functional heart disorder or no rheumatism or heart disorder. More than half of the cases fall into these two groups.

Cases classified as suffering with functional heart disorder are not suffering in the main with any definite cardiac disorder, but rather with such abnormalities as ectopic beats, exaggerated sinus arrhythmia, or with a cardio respiratory murmur. In other words in this group physical signs may be rather prominent and yet be without significance. This type of case causes the greatest difficulty and demands a specialised knowledge for its proper interpretation. By the time that the parents bring the child to the clinic they are often already convinced that the child has bad heart disease and have begun to ascribe all sorts of symptoms to a disordered heart. These children being thus brought up in a state of parental anxiety are often reduced to a state of invalidism, to their great detriment. Careful examination, using all the resources of the clinic, followed by a frank exposition of the state of affairs will sometimes greatly reassure the parents and lead to a rational treatment of the child.

Once a child has been seen at a clinic the opinion of the physician as to the child's fitness for school and games is communicated to the parents. The child's name is now on the register, and its case is reconsidered at intervals and, if necessary, supervision is maintained throughout school life.

A type of heart disease that has been the subject of exhaustive study by the physician in charge has been congenital heart disease. There exist two main groups of these cases dependent upon the presence or absence of cyanosis. The latter group are by far the most numerous, and in them the physical signs are prominent and striking, whilst symptoms are absent. They are compatible with a full normal school life including games. The results of this work have been the subject of favourable comment in the latest report on 'The Health of the School Child,' by Sir George Newman, and have been published in detail in the Archives of Disease in Childhood.

The clinic exists as a purely consultative centre, no formal treatment being undertaken. Advice is freely given as regards prevention, and as regards the proper care of cardiac children. Where active treatment is necessary the patient is referred to his own doctor, or, if he cannot afford such treatment he is admitted to the local hospital under the care of the physician to this clinic. Every means possible is employed to arrive at a correct diagnosis, and the advice given naturally depends upon the individual lesion present. In those cases where crippling heart disease is present the parents are advised as to the type of work that the patient should prepare himself for, and the importance of regular school attendance is stressed. It is only by diligent application to school studies that the patient can adequately meet the competition for sedentary work."

(e) Tuberculosis.

The treatment of children suffering from tuberculosis is carried out under the county council's tuberculosis scheme. There were 54 cases of definite or suspected pulmonary tuberculosis who received treatment at the Council's Sanatorium at Branston Hall. A further 14 cases, unsuitable for Branston were treated at other institutions. There were also 46 children suffering from non-pulmonary tuberculosis for whom institutional treatment was provided.

Other particulars relating to tubercular children are given in Table III.

(f) Dental Defects.

The Council's dental staff consists of four dentists, each assisted by a dental attendant, and giving half his and her time to the inspection and treatment of school children.

CASES IN INSTITUTIONS DURING 1933.

Institution	Rickets	Spinal Curvature	Club Foot	Claw Foot	Flat Foot	Torticollis	Poliomyelitis	Paralysis	Tuberculosis*	Other Defects	Total
Harlow Wood Orthopædic Hospital ..	—	—	—	—	—	—	4	2	8	1	15
Lincoln County Hospital	1	—	4	1	—	3	6	1	7	10	33
Manfield Orthopædic Hospital	—	—	—	—	—	—	—	1	—	2	3
Royal Sea Bathing Hospital, Margate ..	—	—	—	—	—	—	—	—	—	1	1
Gringley Children's Hospital	—	—	—	—	—	—	—	—	3	—	3
Lord Mayor Treloar Cripples' Hospital ..	—	—	—	—	—	—	—	—	1	—	1
Myrtle Street Hospital, Liverpool	—	—	—	—	—	—	—	1	—	—	1
Total	1	—	4	1	—	3	10	5	19	14	57

* Treatment provided under the Council's Tuberculosis Scheme.

Ultra-Violet Ray Clinics.

These clinics were held under the same conditions as last year at Cleethorpes, Gainsborough, Louth and Scunthorpe respectively.

In all 76 school children were treated and made 1,312 attendances.

The results obtained corresponded fairly evenly with those of preceding years. All the medical officers are agreed that cases of debility or malnutrition following acute illness do extremely well while more chronic cases largely due to bad home conditions improve much less markedly, though they all improve to some extent. Three cases of suspected and two of definite abdominal tuberculosis were treated and in all of them the symptoms were relieved ; one of the definite cases was that of a child who had been in the Gringley Children's Hospital the year before.

One case of lupus was treated and healed ; this case received both local and general ultra violet ray treatment and, in addition, on three occasions acid was applied to resistant nodules.

Of four cases of asthma two were unchanged and two improved under treatment : one of the latter, before treatment began had had fortnightly attacks, but has had none during the two months in which treatment was being given.

Nine cases of tubercular adenitis and 6 cases of adenitis considered to be probably tubercular in origin were treated, 4 of the definite cases receiving both local and general treatment. In 2 of the cases sinuses

healed, and another case which had been operated upon 6 months before healed under treatment. The hæmoglobin content of a case with anæmia went up from 75% to 90%. The results of the series taken together are that one case defaulted, and of the remainder 7 are said to have improved, and 7 been remedied.

The following is a table of the diseases treated, and the results obtained :—

Disease.	No. of Cases	Un. changed	Im-proved	Remedied	
Debility or Malnutrition	26	3	13	10	1 case defaulted after 2 attendances.
Anæmia and Malnutrition	8	1	1	6	The changes in hæmoglobin contents in these cases were as follows :— 60-65% 70-85% 60-70% 60-85% 60-85% 70-90% 75-85% 70-95%
Anæmia ..	12	1	10	1	
Asthma ..	4	2	2	—	
Lupus of face ..	1	—	—	1	By remedied is meant healed and quiescent
Abdominal Tuberculosis	2	—	1	1	By remedied is meant symptomatic recovery.
Abdominal Tuberculosis	3	—	2	1	
Adenitis Tubercular, or probably Tubercular origin	15	1	7	7	
Enlarged Glands ..	3	—	1	2	
Enlarged Glands and Abscess	2	—	—	2	

9. Infectious Diseases.

The more important steps taken to prevent the spread of infectious diseases amongst children attending elementary schools include :—

- (1) The exclusion of children suffering from, or suspected to be suffering from, infectious disease.
- (2) The exclusion of children who have been in contact with a person suffering from infectious disease, and who may subsequently themselves develop the disease, or may be the medium of conveying infection to others.
- (3) The closure of schools or departments,

During the year 1,232 children were excluded from school for varying periods on account of the presence of infectious disease in the home.

It was also found necessary to close 67 schools or departments because of the prevalence of infection. A school may be closed by the School Medical Officer or by the local Sanitary Authority acting on the advice of their Medical Officer. When the question of closure arises, the School Medical Officer and the District Medical Officer of Health act in close co-operation.

Particulars of the schools and departments closed in 1933 are as follows :—

No. of schools closed by the Sanitary Authority (Article 22 of the Code)—

Measles	—	..	..	..	..	..	5
Chicken Pox	..	..	..	..	..	..	1
Mumps	..	..	..	..	..	..	1
Measles, Whooping Cough and Influenza	..	..					1
Influenza	..	..	..	..	..	..	42
Colds	..	..	..	..	..	..	1
Whooping Cough and Influenza	..	..	..				1
							—
							52

No. of schools closed by the School Medical Officer (Article 23 (b) of the Code)—

Influenza	..	..	..	..	..	..	12
Influenza and Measles			..	..	..	..	1
Measles	..	..	..	..	..	..	1
Chicken Pox	..	..	..	..	..	..	1
							—
							15

It not infrequently happens that requests are received from head teachers and managers that a school should be closed because the attendances have fallen considerably. The School Medical Officer cannot close a school because of reduced attendance. He is empowered however, when, on account of infectious disease the attendance has fallen below 60 per cent. of the number of children on the register to give a certificate on which the meetings and attendances may be omitted when calculating the average attendance. The certificates issued during 1933 were as follows :—

CERTIFICATES ISSUED DURING THE YEAR UNDER RULE 23, 2 (a)
OF THE CODE.

Nature of Disease.	No. of Certificates Issued.
Measles	34
Whooping Cough	37
Chicken-pox	9
Mumps	3
Influenza	156
Diphtheria, suspected Mumps and Influenza colds ..	1
Measles and Whooping Cough	6
Measles, Whooping Cough and Impetigo	1
Measles, Whooping Cough and Influenza	5
Measles, Influenza and Typhoid Fever	1
Whooping Cough and Influenza	17
Measles, Mumps and Influenza	11
Measles and Chicken-pox	3
Measles and Influenza	18
Measles, Chicken-pox, Mumps and Influenza	1
Scarlet Fever and Influenza	1
Whooping Cough, Influenza and Impetigo	2
Measles, Whooping Cough and Mumps	2
Measles, Whooping Cough, Mumps and Influenza	3
Measles, Chicken-pox and Influenza	5
Mumps and Influenza	1
Scarlet Fever, Bronchitis, Tonsillitis and Influenza, etc. ..	1
Chicken-pox and Influenza	1
Influenza and Impetigo	1
Scarlet Fever, Chicken-pox and Influenza	1
Whooping Cough, Jaundice and Pneumonia	1
Total Certificates issued	322
Number of schools to which certificates were issued	133

The County Council employ two Nurses, who give their whole time to infectious disease work. In the case of school children suffering from measles, whooping cough or other infections these nurses, if there is no medical practitioner in attendance, visit the homes and advise the parents as to nursing and the steps to be taken to prevent the spread of infection. They are frequently instrumental in having a doctor called in where they consider this course to be necessary, and much is being done by them to educate parents to the view that measles and whooping cough are not simple diseases to be treated lightly. The number of cases visited during the year by the infectious disease nurses was 3,085, as follows :—

Disease.	Cases.
Measles	627
Whooping Cough	763
Chicken-pox	711
Mumps	661
Influenza	53
Scarlet Fever	16
Impetigo	7
Other cases visited for various reasons	247
Total	3085

10. Open-Air Education.

In many of the schools it is the practice of teachers, during the summer months, to hold classes in the open air.

The new schools that have been erected by the Authority during the last few years have all been of the open air type, and are so constructed that one or both sides of the class room may be thrown open when climatic conditions permit.

Louth Open-Air School.

There is no change to report in regard to the working of this school. I have referred in earlier reports to the unsatisfactory condition of the building, and to the need for its reconstruction and improvement, and I need only add here that extensive alterations will be necessary in the near future if the school is to continue to work effectively.

The number of children in attendance during the year was 48. These were of the same type as commented on in the report for 1932.

Dr. W. J. Kerrigan, who acts as Medical Officer to the school, reports that 60 per cent. of the children were discharged as fit for the ordinary elementary school. An important part of the work of the school routine is the visiting of the homes of the children in attendance by the school nurse. She can in this way gain the confidence and co-operation of the parents, and has frequently been able to secure improvement in conditions adversely affecting the health of the child. During the year the nurse made 510 home visits with this end in view.

11. Physical Training.

The physical education and training of children attending elementary schools in the County is capable of considerable improvement. In schools where the head teacher has had practical training and experience in this work the standard reached is frequently good. It too often happens however, that the teacher has not had the training necessary to enable him to give instruction in what, after all, is a highly specialised subject, and consequently it is hardly surprising to find that the standard attained is often below what can be regarded as reasonable.

It is unlikely that any material improvement will be generally effected until the teachers have the assistance and advice of an Organiser of Physical Training, who as an expert would undertake the co-ordination and supervision of the work throughout the area.

School Baths.

There are no baths provided in any of the elementary schools in the County. At Cleethorpes, Gainsborough and Scunthorpe arrangements exist whereby the public baths are available for children receiving instruction in swimming.

12. Provision of Meals.

No meals were provided during the year under sections 82–86 of the Education Act, 1921. In most of the schools in the area arrangements are provided to enable children, if they wish, to partake of their mid-day meal on the school premises in comfort and under supervision. Nearly all the schools have also facilities for providing hot drinks.

At the new Alford Council School, which was completed in 1932, the head master, Mr. Moore, has organised a scheme under which the children are supplied with a two course mid-day meal at a cost of 2d. per head per day. This scheme was started soon after the school was opened to provide for a number of country children who were unable to go home at mid-day, and so popular has it become that there are now some 250 children sit down to the meal every day. It is now self-supporting, and the head master deserves every commendation for what he has been able to accomplish.

Not only is a satisfactory meal provided at small cost, but the meal itself is used as the medium through which instruction is given to the children on food, cookery, market gardening, meal service, laundry work and book-keeping.

Dr. W. J. Kerrigan, Assistant School Medical Officer referring to the mid-day meal provided at Alford writes :—

“ One can witness during any school day the sight of these children, of all types, sitting down in comfort to a dinner which is varied, carefully chosen, and well served and supervised. Even apart from the direct benefit manifest in the health of the children and reflected in the yearly average attendance 90 per cent., one cannot but be struck with the opportunity that is afforded the senior girls by the practical instruction received while assisting at the preparation and service of the meals.”

Facilities on lines similar to those at Alford, but on a smaller scale are also available at the Donington-on-Bain Council School, where a hot meal is provided for 60 children daily. The arrangements at Alford and Donington-on-Bain might, with very great advantage, be extended to other schools in the area where the children live too far from the school to enable them to go home for the mid-day meal.

There has been a falling off in the number of schools in the County at which fresh milk is available for children willing to pay for it. In 1932 the number was 94, which had decreased by the end of 1933 to 72. Further, the average number of children receiving a daily milk ration has fallen from 3,626 in 1932, to 1,939 at the end of the present year. This regrettable reduction is explained by the fact that at 22 schools at which fresh milk was supplied last year, one of the proprietary articles of food described as malted milk is now being provided.

13. Employment of Children and Young Persons.

Under the Education Committee's bye-laws children over twelve years of age may be employed on certain specified duties provided that certificates of fitness for such employment are obtained from the School Medical Officer. In 1933 certificates were granted in respect of 23 children. In no instance was the refusal of a certificate found to be necessary.

14. Co-operation of Teachers, Parents, School Attendance Officers and Voluntary Bodies.

(a) Parents.

Parents are notified when a medical inspection is to take place, and are invited to be present when their children are examined. Many avail themselves of the opportunity, particularly the parents of the children in the infant classes.

(b) Teachers.

Teachers continue to take a keen interest in the work of medical inspection and treatment. They afford willing help to the medical and nursing staff in connection with all sections of the work and their personal knowledge of the children and their home conditions is frequently of the utmost value.

(c) School Attendance Officers.

These officers work in close touch with the School Medical Officers and Nurses on all matters relating to the absence of children from school on account of ill-health.

(d) Voluntary Bodies.

The chief voluntary organisation working in co-operation with the School Medical Service are the Child Welfare and Mental Welfare Association, the County Nursing Association, the Blind Society, the Deaf and Dumb Mission and the National Society for the Prevention of Cruelty to Children. Twelve cases of neglect were referred to the last-named during the year.

15. Blind, Deaf, Defective and Epileptic Children.

A register is kept at the Central Office of all children falling under this heading. Cases are ascertained through the medical officer, nurses, teachers, attendance officers and voluntary workers. Every case is examined and reported on by a medical officer before the name is placed on the register. Particulars of all exceptional children are given in Table III.

Multiple Defects.

The number of children with multiple defects whose names are on the register of exceptional children is the same as last year, namely 17. The combination of defects in each case is as follows :—

Tuberculosis of Skin and Amputated Leg.
 Tuberculosis and Osteomyelitis Pelvis
 Tubercular Cervical Glands and Infantile Paralysis.
 Pulmonary Tuberculosis and Feeble Minded.
 Feeble Minded, Epileptic and Paralysis Left Arm.
 Feeble Minded, Epileptic.
 Deaf Mute and Partial Paralysis Leg Muscles.
 Feeble Minded and Infantile Paralysis.
 Feeble Minded and Congenital Mal-development leg Muscles.
 Totally Blind and Talipes Equinus Varus.
 Feeble Minded and Paralysis Leg Muscles.
 Deaf and Dumb and Congenital Heart Disease.
 Feeble Minded and Talipes Equinus.
 Feeble Minded and Hemiplegia.
 Epilepsy and Right-sided Paralysis.
 Feeble Minded and Dwarf.
 Deaf and Dumb and Congenital Deformity Right Leg.

Five of the foregoing cases are at special institutions, two are attending occupation centres for mental defectives, three are at elementary schools, and seven are at home.

(a) Blind.

There are 7 totally blind children of school age in the area known to the Education Authority. Six of these are at present receiving special education at certified schools for the blind. One was at no school or institution. In this case the parents were unwilling that he should be sent to a special school as they were shortly leaving the district.

Three partially blind children are at present in special schools. Two are at the elementary schools, but are awaiting admission to special schools when treatment which they are receiving for conditions other than blindness is completed.

(b) Deaf.

At the end of the year there were 24 totally deaf children in the County, of whom 20 were at certified schools for the deaf. Of the four cases not at present receiving special education three had been in the Yorkshire Institution for the Deaf, but were discharged, two on account of tuberculosis and one at the request of the parents.

Two children are on the register as partially deaf, one in a special school, and the other attending the ordinary elementary school.

(c) Mentally Defective.

The number of feeble-minded school children whose names are now on the register of defectives is 133, an increase of 39 on last year's figure. Owing to the general shortage of special school accommodation for defectives many of these children remain in the elementary schools, although they are incapable of benefiting materially from the instruction given. It is satisfactory to note, however, that there are now 28 feeble-minded children receiving education in special schools as compared with 17 a year ago.

(d) Delicate Children.

In this category are included children whose general health makes it desirable that they should be selected for admission to an open-air school. They are children whose physical condition is such that they are incapable of benefiting from instruction in an ordinary elementary school. Altogether there were 44 in this class on the register at the end of the year, 17 being in attendance at special schools, and 21 at the elementary schools. Six were at no school or institution. Particulars of delicate children for whom open-air education was provided at the Louth Open-air School will be found earlier in the report.

16. Nursery Schools.

There is no Nursery School in the County provided by any public body, but a number of interested voluntary workers have been instrumental in providing such a school at Louth.

The building, which is situated in the Borough of Louth, is of the open-air shelter type, consisting of a playroom (23' x 29') with glass doors opening on to a verandah, kitchen, bathroom, cloakroom, and office. Forty places are available for children between the ages of two and five years.

The management of the school is in the hands of a local Voluntary Committee. The staff consists of Miss H. J. Moore, the Superintendent, Miss E. L. Rammell, Secretary, and an Assistant Superintendent and Cook.

The County Council's Maternity and Child Welfare staff co-operate with the school staff in supervising the health of the children in attendance.

The following particulars regarding the working of the school have been kindly supplied by the Superintendent :—

1. Number on the Register.

The number of children on the register increased from 6 when the school opened on 9th January to 40 at the end of the Christmas term.

2. Attendances.

Total attendances for the year 4,617. The average daily attendance for each month during 1933 was as follows :—

January	..	..	6	July	..	..	28
February	..	..	8	September	..	..	30
March	..	..	14	October	..	..	32
April	..	..	20	November	..	..	35
May	..	..	18	December	..	..	35
June	..	..	22				

Average daily attendance for the year—23.

3. Outline of Daily Routine.

- 8–30 Children arrive, put on overalls, change shoes if necessary, wash, clean teeth, have their hair brushed, and inspected.
- 9–30 Breakfast.
- 9–50 Music, games, physical exercises, free play in garden weather permitting.
- 10–30 Period of play with toys, educational apparatus, stories, drawing, etc.
- 11–15 Children wash, lay tables, and prepare for dinner.
- 11–45 Dinner.
- 12–15 Free play.
- 12–45 Sleep period.
- 2–45 Play, indoors or out, according to weather.
- 3–30 Tea.
- 4– 0 Preparation for going home.

4. Health.

Monthly inspections are made by one of the Committee's Medical Officers. The health visitor attends weekly. Daily treatment is provided by the superintendent if necessary.

The children are weighed regularly and records of height and health kept on individual cards. During the year the health of the children has been extremely satisfactory. All children attending regularly show a marked improvement in health and physique, and especially so in the cases of several children who were admitted suffering from rickets and general debility.

5. Education.

The Nursery School day is planned to be educational throughout. It gives children opportunity to form good social habits, and to develop mental powers and interests.

- (a) by means of sense-training and expression with special apparatus and materials, such as sand and plasticine, chalks and paint ;
- (b) by means of musical games and stories, and play with as great a variety of toys and material as possible.

6. Co-operation of Parents.

A particularly encouraging part of the work of the Nursery School has been the wholehearted support and co-operation of the parents. During the year a Mothers' Club and a Fathers' Guild were formed. The fathers have given much help in preparing the school garden and planting vegetables for the use of the school. The mothers have met regularly, and at their meetings have shown practical appreciation of the school by making and mending the children's overalls, etc. These meetings also afforded valuable opportunities of discussing difficulties in connection with the children. Great enthusiasm has also been shown by them in efforts to raise money for the school.

The School Medical Service in relation to Secondary Schools.

17. Medical Inspection.

Medical Inspection was carried out twice during the year at each of the 16 secondary schools. Each pupil is examined as soon as practicable after entering the school, and again shortly before leaving. There is no intermediate inspection as is the case in elementary schools, but pupils found with disease or defect at one inspection are re-examined at subsequent inspections. Pupils not falling in the "entrant" or "leaver" groups may be brought forward for special examination at the discretion of the Head Master or Mistress.

Girls are inspected by one of the Committee's Women Medical Officers.

Parents are notified and advised as to any disease or defect noted, but treatment is not provided through the School Medical Service, except in a very few exceptional cases. During the year 980 secondary school pupils were examined in the two groups referred to above, viz., entrants 778, and leavers 202. In addition there were 93 special inspections and 1,250 re-examinations. Of the entrants 82 or 10·5% were found with conditions requiring treatment while the number amongst the leavers was 10 or 4·9% of those examined.

Defective Vision was the most prevalent condition found at inspections and accounted for 47 or over 50% of the total defects for which treatment was needed.

Medical Treatment.

There were 183 pupils recorded as having obtained treatment during the year. The defects in those cases for which treatment was necessary were as follows :—

Eye defects	..	..	60	Ear Disease	..	..	11
Defects of Nose & Throat			23	Skin disease	..	..	8
Teeth (decay)	..	..	33	Malnutrition	..	..	6
Deformities	..	..	15	Other conditions		..	37

W. S. H. CAMPBELL,
School Medical Officer.

**STATISTICAL
TABLES.**

TABLE II.

A. Defects found by Medical Inspection during the year
ended 31st December, 1933.

DEFECT OR DISEASE 1	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Re- quiring treat- ment 2	Requiring to be kept under observation but not requiring treatment. 3	Re- quiring treat- ment 4	Requiring to be kept under observation but not requiring treatment 5
Malnutrition	62	119	32	14
Skin				
Ringworm Scalp	—	—	12	—
Body	2	1	17	—
Scabies	6	1	30	—
Impetigo	25	3	378	1
Other Diseases (Non-Tuberculous) ..	44	17	84	2
Eye				
Blepharitis	35	6	46	—
Conjunctivitis	1	—	30	—
Keratitis	1	1	8	—
Corneal Opacities	1	2	3	—
Defective Vision (excluding Squint)	462	223	152	13
Squint	37	61	37	3
Other Conditions	7	11	39	1
Ear				
Defective Hearing	32	132	14	7
Otitis Media	26	16	58	1
Other Ear Diseases	204	9	78	1
Nose and Throat ..				
Chronic Tonsillitis only	118	504	22	11
Adenoids only	16	21	11	1
Chronic Tonsillitis and Adenoids ..	159	87	38	3
Other Conditions	13	22	65	1
Enlarged Cervical Glands (Non-				
 Tuberculous)	68	113	10	8
Defective Speech	2	18	2	1
Heart and Circulation				
Heart Disease				
Organic	7	55	3	10
Functional	9	141	6	7
Anæmia	200	48	185	16
Lungs				
Bronchitis	147	83	124	6
Other Non-Tuberculous Diseases ..	15	40	45	4
Tuberculosis				
Pulmonary				
Definite	1	7	7	5
Suspected	5	48	13	10
Non-Pulmonary				
Glands	4	5	—	2
Bones and Joints	1	5	1	1
Skin	—	2	—	—
Other Forms	1	9	5	3
Nervous System				
Epilepsy	5	4	3	4
Chorea	—	2	15	2
Other conditions	11	18	6	6
Deformities				
Rickets	7	12	—	1
Spinal Curvature	9	3	4	—
Other Forms	22	23	12	6
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	108	73	865	29

TABLE II.

B.—Number of individual children found at Routine Medical Inspection to require treatment. (Excluding Uncleanliness and Dental Diseases).

Group 1	Number of Children.		Percentage of Children found to require treatment 4
	Inspected 2	Found to require Treatment 3	
Prescribed Groups:—			
Entrants	4506	590	13·09
Second Age Group	3489	471	13·5
Third Age Group	4502	484	10·75
Total (Prescribed Groups) ..	12497	1545	12·36
Other Routine Inspections	139	20	14·39

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON
31st DECEMBER, 1933.

Defect.	At Certified Special Schools.	At Public Elementary Schools.	At Other In- stitutions.	At no School or Institution.	Total
BLIND (Totally) ..	6	—	—	1	7
(Partially) ..	3	2	—	—	5
DEAF (Totally) ..	20	1	—	3	24
(Partially) ..	1	1	—	—	2
MENTALLY DEFECTIVE (Feeble Minded)	28	83	9	13	133
EPILEPTIC (Severe Epilepsy)	—	—	—	6	6
PHYSICALLY DEFECTIVE					
Tuberculosis—					
Pulmonary ..	1	117	39	63	220
Non-Pulmonary ..	—	147	11	48	206
DELICATE ..	17	21	—	6	44
Crippled ..	9	122	—	31	162
Heart Disease ..	1	1	—	7	9
Children with Mutiple Defects not included above	4	3	3	7	17
Total ..	90	498	62	185	835

TABLE IV.

DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1933.

GROUP 1. MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.)

Disease or Defect 1	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme 2	Otherwise 3	Total 4
<i>Skin :</i>			
Ringworm—Scalp	16	33	49
Ringworm—Body	21	33	54
Scabies	49	22	71
Impetigo	429	195	624
Other Skin Diseases	131	71	202
<i>Minor Eye Defects :</i> (External and other, but excluding cases falling in Group II.) ..	232	92	324
<i>Minor Ear Defects</i>	246	292	538
<i>Miscellaneous :</i> (e.g., minor injuries, bruises, sores, chilblains, etc.)	362	23	385
Total	1486	761	2247

Group II. DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I)

Defect or Disease 1	Number of Defects dealt with.				Number of Children for whom Spectacles were			
	Under the Authority's Scheme. 2	By private practitioner or at hospital apart from the Authority's Scheme. 3	Otherwise 4	Total. 5	1 Prescribed		2 Obtained	
					(i.) Under the Authority's Scheme.	(ii.) Otherwise.	(i.) Under Authority's Scheme.	(ii.) Otherwise.
Errors of refraction (including Squint) ..	1265	65	345	1675				
Other defect or disease of the Eyes (excluding those recorded in Group I.) ..	47	1	2	50				
Total	1312	66	347	1275	968	329	879	318

TABLE IV.—Continued.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.											
Received Operative Treatment.											
Under the Authority's Scheme in Clinic or Hospital 1				By Private Practitioner or Hospital apart from the Authority's Scheme. 2				Total. 3			
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)
14	5	151	—	79	13	75	4	93	18	226	4
										219	560

(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids.
(iv.) Other Defects of the Nose and Throat.

GROUP IV. Orthopædic and Postural Defects.

	(1) Under the Authority's Scheme.			(2) Otherwise.			Total Number treated.
	Residential treatment with Education.	Residential treatment without Education.	Non-Residential treatment at an Orthopædic Clinic.	Non-Residential treatment with Education.	Non-Residential treatment at an Orthopædic Clinic.	Non-Residential treatment at an Orthopædic Clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children Treated ...	16	27	269	No	information		283

TABLE IV.—*Continued.*

GROUP V. DENTAL DEFECTS.

1. Number of children who were :—

(i.) Inspected by the Dentist—

		<i>Aged</i>					
Routine Age Groups	{	5	..	—			
		6	..	983			
		7	..	1119			
		8	..	986			
		9	..	854	Total	..	6206
		10	..	764			
		11	..	535			
		12	..	504			
		13	..	402			
		14	..	59			
Specials	..	..	..	..	..	..	936
Grand Total				..	..	..	7142

(ii.) Found to require treatment 6146

(iii.) Actually treated 5706

2. Half days devoted to :—

		Inspection* Treatment* }		Total	985½
3.	Attendances made by children for treatment	..	..	..	6474
4.	Fillings	Permanent Teeth { 1541 }			
		Temporary Teeth { 337 }	Total	..	1878
5.	Extractions	Permanent Teeth { 1428 }			
		Temporary Teeth { 9278 }	Total	..	10706
6.	Administration of general anæsthetics for extractions				203
7.	Other Operations	Permanent Teeth { 1223 }			
		Temporary Teeth { 4104 }		Total	5327

* Inspection and Treatment carried out on same day.

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

1. Average number of visits per school made during the year by the nurses 3·85
2. Total number of examinations of children in the schools by school nurses 73281
3. Number of individual children found unclean 2187
4. Number of children cleansed under arrangements made by the Local Education Authority —
5. Number of cases in which legal proceedings were taken :—
 - (a) Under the Education Act, 1921 —
 - (b) Under the School Attendance Bye-Laws —

Secondary Schools.

TABLE I.—MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups.

Entrants	..	..	..	..	..	..	..	778
Second Age Group	..	..	..	..	..	..	..	—
Third Age Group	..	..	..	..	..	..	..	202
Total	..	..	..	..	..	..	..	980
Number of other Routine Inspections					..	..	..	—

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	93
Number of Re-Inspections	..	..	..	..	..	1250
Total	..	..	..	..	..	1343

TABLE II.

A. Return of Defects found by Medical Inspection
in the year ended 31st December, 1933.

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Re- quiring treat- ment, 2	Requiring to be kept under obser- vation but not requiring treatment, 3	Re- quiring treat- ment. 4	Requiring to be kept under observation but not requiring treatment. 5
1	2	3	4	5
Malnutrition	2	22	—	—
Skin				
Ringworm Scalp	—	—	—	—
Body	—	—	—	—
Scabies	1	—	—	—
Impetigo	—	—	3	—
Other Diseases (Non-Tuberculous) ..	5	2	1	—
Eye				
Blepharitis	2	—	1	—
Conjunctivitis	—	—	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Defective Vision (excluding Squint)	47	67	10	2
Squint	—	—	—	—
Other conditions	—	—	—	—
Ear				
Defective Hearing	1	3	1	—
Otitis Media	2	—	—	—
Other Ear Diseases	7	—	—	—
Nose and Throat				
Chronic Tonsillitis only	7	28	—	2
Adenoids only	—	—	—	—
Chronic Tonsillitis and Adenoids ..	—	2	1	—
Other conditions	2	2	—	—
Enlarged Cervical Glands (Non- Tuberculous)	—	6	—	1
Defective Speech	—	—	—	—
Heart and Circulation				
Heart Disease				
Organic	—	2	—	—
Functional	2	15	—	6
Anæmia	1	5	4	—
Lungs				
Bronchitis	—	2	—	—
Other Non-Tuberculous Diseases ..	1	4	1	—
Tuberculosis				
Pulmonary				
Definite	—	—	—	—
Suspected	—	2	—	—
Non-Pulmonary				
Glands	—	—	—	—
Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Nervous System				
Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other conditions	2	—	2	—
Deformities				
Rickets	—	1	—	—
Spinal Curvature	—	—	—	—
Other Forms	17	9	2	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	7	5	3	—

TABLE II.

B.—Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Group 1	Number of Children		Percentage of Children found to require treatment 4
	Inspected 2	Found to require treatment 3	
Prescribed Groups :—			
Entrants	778	82	10·54
Second Age Group ..	—	—	—
Third Age Group ..	202	10	4·95
Total (Prescribed Groups) ..	980	92	9·39
Other Routine Inspections ..	—	—	—

